

## Docket No. AMENDMENT TRANSMITTAL LETTER M3477.0000/P011 Filing Date Examiner Art Unit Application No. 09/507,466-Conf. #2426 February 22, 2000 T. Nguyen 2872 Applicant(s): David R. Brown Invention: OPTICAL DEVICE, SYSTEM AND METHOD TO THE COMMISSIONER FOR PATENTS Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. **CLAIMS AS AMENDED** Claims Highest Remaining Number Number **Extra Claims** After Previously <u>Amendment</u> Present Rate Paid **Total Claims** 0.00 15 20 Independent 3 0.00 3 Х Claims Multiple Dependent Claims (check if applicable) 770.00 Other fee (please specify): 1,480.00 Four Month Extension of Time TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: \$2,250.00 Small Entity x Large Entity No additional fee is required for this amendment. Please charge Deposit Account No. in the amount of \$ A duplicate copy of this sheet is enclosed. A check in the amount of \$ \_\_\_\_ to cover the filing fee is enclosed. x Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge and credit Deposit Account No. as described below. A duplicate copy of this sheet is enclosed. Credit any overpayment. Charge apy additional filing or application processing fees required under 37 CFR 1.16 and 1.17. Christopher S. Chow Attorney Reg. No.: 46,493 DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP 2101 L Street NW Washington, DC 20037-1526 (202) 775-4742

PTO/SB/17 (10-03)
Approved for use through 7/31/2006. OMB 0651-0032
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FEE TRANSMITTAL		Application Number					09/507,466-Conf. #2426			
for EV 2004	Filing Date				February 22, 2000					
for FY 2004		First Named Inventor				David R. Brown				
Effective 10/01/2003, Patent fees are subject to annual revision.		Examiner Name			T. Nguyen					
Applicant claims small entity status. See 37 CFR 1.27	ı	Art Unit				2872				
TOTAL AMOUNT OF PAYMENT (\$) 2,250.00	$\dashv$	Attorney Docket No.			M3477.0000/P011					
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METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)									
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Name USNINSKY LLP The Director is authorized to: (check all that apply)	1052	50	2052	25	Surcharge sheet.	- late provisi	onal filing		4	
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X Charge any additional fee(s) or any underpayment of fee(s)	1812	2,520	1812			request for <i>ex p</i> g publication o		, •		
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to the above-identified deposit account.	1805	1,840*	1805	1,840*	Requestin Examiner	g publication o	of SIR afte	er ,		
FEE CALCULATION	1251	110	2251	55		for reply within	n first mor	nth '		
1. BASIC FILING FEE	1252	420	2252	210	Extension	for reply within	n second	month		
Large Entity Small Entity	1253	950	2253	475	Extension	for reply within	n third mo	nth		
Fee Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	1254	1,480	2254	740	Extension	for reply within	n fourth m	onth	1,480.00	
1001 770 2001 385 Utility filing fee	1255	2,010	2255	1,005	Extension	for reply within	n fifth mor	nth		
1002 340 2002 170 Design filing fee	1401	330	2401	165	Notice of A	ppeal				
1003 530 2003 265 Plant filing fee	1402	330	2402	165	Filing a bri	ef in support o	f an appe	eal		
1004 770 2004 385 Reissue filing fee	1403	290	2403	145	Request for	or oral hearing				
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	•		institute a pub	•	oceeding		
SUBTOTAL (1) (\$) 0.00	1452	110	2452	55		o revive – unavoidable				
	1453	1,330	2453	665		o revive - unintentional				
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE  Extra Fee from	1501	1,330	2501	665	-	e fee (or reiss	ue)		<u> </u>	
Claims below Fee Paid	1502	480	2502	240	Design iss					
Total Claims** =x =	1503	640	2503	320	Plant issue					
Independent -** = X = X	1460	130	1460	130	Petitions to	the Commis	sioner		<b></b>	
Multiple Dependent =	1807	50	1807	50	Processing	g fee under 37	CFR 1.1	7(q)		
Large Entity   Small Entity	1806	180	1806	180	Submissio	n of Information	on Disclos	ure Stmt		
Fee Fee Fee Fee Description	8021	40	8021	40		each patent a imes number o				
1202 18 2202 9 Claims in excess of 20	1809	770	2809	385		bmission after		•		
1201 86 2201 43 Independent claims in excess of 3	1009	′′0	2009	303	(37 CFR 1		-4: 4- b	_		
1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810	385		dditional inve (37CFR 1.129		8		
1204 86 2204 43 ** Reissue independent claims	1801	770	2801	2801 385 Request for Continued Examination (RCE) 77				770.00		
over original patent  1205 18 2205 9 ** Reissue claims in excess of 20						or expedited e n application	xaminatio	n		
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	Other fee (specify)				J. a acaigi	ign application				
SUBTOTAL (2) (\$) 0.00		Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 2,250.00								
**or number previously paid, if greater, For Believes, see above										
SUBMITTED BY (Complete (if applicable))										
Name (Print/Type) Christopher S. Chow		ration No ey/Agent)	46	,493		Telephone		775-475	56	
Signature	Auome	y/Agent)	٠.٠٠			Date	11	24	03	
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